7039350276

Attorney Docket No: ADML0010000

PATENT

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of

Serial No.:

09/357,836

Examiner:

Tadesse Hailu

Confirmation No.:

9787

Art Unit:

2173

Filed:

7/21/1999

For:

WEB-BASED MEDIA SUBMISSION TOOL

Director of the U.S. Patent and Trademark Office

Attn: Maintenance Fees

2051 Jamieson Avenue, Suite 300

Alexandria, VA 22314

## COMPLETION OF PAYMENT OF MAINTENANCE FEE

On November 4, 2008, the first maintenance fee for the above-identified patent was paid in the amount of \$490.00. This fee amount was determined based on an inadvertent and incorrect designation of the status as a small entity. The correct designation of the status should be as a large entity.

Accordingly, enclosed herein is the remainder of the first maintenance (ee of \$490.00, along with the \$130.00 surcharge for payment within the six-month grace period.

Respectfully submitted,

By:

Duane S. Kobayashi Reg. No. 41122

Law Office of Duane S. Kobayashi 1325 Murray Downs Way Reston, VA 20194

Tel: 703-437-8000 Fax: 703-935-0276

06/30/2009 CKHLUK

60000003 6895557

01 FC:1559

490.00 OP

05/11/2009 MBANGURA 060G6042 6895557

01 FC:1559

620.00 OP

Refund Ref: 06/30/2009

0030071735

Adjustment date: 06/30/2009 CKHLOK 05/11/2009 MBANGURA 00000042 6895557

-620.00 OP

Credit Card Refund Total:

\$139.89

## UNITED STATES PATENT & TRADEMARK OFFICE Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND						
1 Date of Request: 06/25/09 2 Serial/Patent # 6,895,557						
3 Please refund the following fee(s):		4 PAI	PER MBER	5 DATE FILED	6 AMOUNT	
	Filing				\$	
	Amendment				\$	
	Extension of Time				\$	
	Notice of Appeal/Appeal				\$	
	Petition				\$	
	Issue				\$	
	Cert of Correction/Terminal Disc	•			\$	
X	Maintenance 1559			05/11/09	\$ 130.00	
	Assignment				\$	
	Other				\$	
Crestif CAN			OTAL A	AMOUNT UND	\$ 130.00	
		в тс	8 TO BE REFUNDED BY:			
10 REASON:			Treasury Check			
X	Overpayment		Credit Deposit A/C #:			
	Duplicate Payment		9			
	No Fee Due (Explanation):					
Petitioner overpaid by \$130						
11 REFUND REQUESTED BY:						
TYPED/PRINTED NAME:				TITLE:	Paralegal	
SIGNATURE: No Tyl			F	PHONE:	2-3210	
OFFICE: Petitions						
MUTC CDACE DECEDUED FOR ETNAMOR HOE ONLY.						
APPROVED:						
1						

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room 802B

FORM PTO 1577 (01/90)